

prove HRQoL. Factors other than medications adherence should be focused in further studies to improve HRQoL.

## PR2

### A FEASIBILITY STUDY OF PREFERENCE-BASED HEALTH-RELATED QUALITY OF LIFE MEASURES ON PATIENTS WITH IRRITABLE BOWEL SYNDROME IN TAIWAN

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**OBJECTIVES:** Irritable bowel syndrome (IBS) is a relapsing, chronic functional gastrointestinal disorder leading to long-term disturbances on health-related quality of life (HRQoL). Various functional and QoL measures have been developed to evaluate IBS outcomes, but none of the preference-based QoL measure has been applied and validated on Taiwanese people. This study aimed to explore the feasibility of applying preference-based HRQoL measures to IBS patients in Taiwan.

**METHODS:** This prospective study was conducted from July to December 2010 at gastroenterology clinics in a regional hospital in southern Taiwan. IBS outpatients diagnosed by Rome III criteria were invited to participate semi-structure interview survey by using EuroQol (EQ-5D) questionnaire, 100-mm visual analogue scale (EQ-5D VAS) and standard gamble (SG) method. The EQ-5D assessment was transformed into EQ-5D index using Japanese preference weight. Multiple regression was used to assess factors associated with utilities, e.g. demographic, socioeconomic status and disease severity. **RESULTS:** Of all, 29 participants (mean age 45.8±16.5 years; 62.1% female) completed QoL survey, except for one rejected SG survey for disagreeing with SG hypothesis. Participants' IBS subtypes include constipation (n=11; 37.9%), diarrhea (n=16; 55.2%) and unsubtyped IBS (n=2; 6.9%); and 12 (41.4%) participants were newly diagnosed IBS and 12 had over two-year disease history. Participants had no problem in EQ-5D survey, some expressed difficulties in dimensions of pain/discomfort and anxiety/depression. Mean utility derived from SG (0.85±0.16), EQ-5D index (0.79±0.15) and EQ-5D VAS (0.59±0.17) were significantly different (p<0.05). SG utility was significantly associated with unsubtyped IBS and whether the IBS was newly diagnosed (p<0.05). **CONCLUSIONS:** IBS is well-tolerated but causing problem in anxiety/depression and pain/discomfort in QoL survey. Mean utility of SG is higher than results derived from EQ-5D and EQ VAS, and this finding matches previous literature. Further validate the utility measures in more IBS patients with various subtypes and severity is needed.

## PR3

### UTILITY VALUES FOR CHEMOTHERAPY-RELATED ADVERSE EVENTS: A REVIEW OF THE LITERATURE

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**OBJECTIVES:** Chemotherapy offers cancer patients the potential benefits of improved mortality and morbidity but may cause detrimental outcomes due to adverse drug events (ADEs) that could require time-consuming, resource-intensive and costly clinical management. To appropriately assess chemotherapy agents in an economic evaluation, the impact of ADEs could be included in terms of their incidence, costs of their management and valuation of the perceived disbenefits via (dis)utility of ADEs. This review aimed to identify published studies reporting utility values for chemotherapy-related ADEs. **METHODS:** A structured electronic search combining terms for utility, utility valuation methods and generic terms for cancer treatment was conducted in MEDLINE and EMBASE in June 2011. Inclusion criteria were: 1) primary data, and 2) elicitation of utility of chemotherapy-related ADE. Two reviewers identified studies and extracted data independently. Any disagreements were resolved by a third reviewer. **RESULTS:** Eighteen studies met the inclusion criteria from the 853 abstracts initially identified, collectively reporting 218 utility values for chemotherapy-related ADEs. All eighteen studies used short descriptions (vignettes) to obtain the utility values. Of the 218 utility values, 178 were elicited using SG or TTO while 40 were elicited using VAS. There were 169 utility values of specific chemotherapy-related ADEs (with the top ten being anaemia (34 values), nausea and/or vomiting (32 utility values), neuropathy (21 values), neutropenia (12 values), diarrhoea (12 values), stomatitis (10 values), fatigue (8 values), alopecia (7 values), hand-foot syndrome (5 values) and skin reaction (5 values)) and 49 of non-specific chemotherapy-related adverse events. **CONCLUSIONS:** This study has summarised the current evidence base of utility values for chemotherapy-related ADEs. Only 178 of the 218 values were elicited using choice-based methods (SG & TTO) and therefore could potentially be used as parameter inputs in an economic evaluation incorporating ADEs of a chemotherapy agent.

## PR4

### THE EFFECT OF NEUROPATHIC PAIN ON HEALTH STATUS, WORK PRODUCTIVITY LOSS, AND HEALTH CARE RESOURCE USE IN JAPAN

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**OBJECTIVES:** The current study is to quantify the burden of neuropathic pain (NeP) with respect to health status, work productivity loss, and health care resource utilization among patients in Japan. **METHODS:** The 2010 Japan National Health and Wellness Survey (NHWS), a self-reported, Internet-based survey of adult Japanese population, was used as the data source for this study (N=25,000). All respondents were categorized as those reporting either NeP, a form of pain other than NeP, and no pain. These groups were compared on health status (using the SF-12v2), work

productivity loss (using the WPAI), and health care resource use (provider visits, hospitalizations, and emergency room (ER) visits) in the past six months using regression modeling controlling for demographics, health behaviors, and comorbidities. **RESULTS:** Of the 25,000 patients in Japan, 0.23% (n=58) reported experiencing NeP, 5.57% (n=1392) reported experiencing another form of pain, and 94.20% reported experiencing no pain in the past month. Adjusting for covariates, patients experiencing NeP reported significantly worse physical and mental component summary scores (42.43 and 41.60, respectively) than patients experiencing another form of pain (45.41 and 44.83, respectively) and patients without pain (51.03 and 47.41, respectively) (all p<.05). A similar pattern was observed for health utilities (NeP=0.66 vs. Other pain=0.69 vs. No pain=0.76). Overall work impairment was similar between those with NeP and those with other pain (36.50% vs. 26.63%, respectively, p=.21); however, patients with NeP reported greater overall work impairment than those without pain (16.50%, p<.05). Patients with NeP also reported significantly more provider visits (18.85) than those with other pain (8.21) and no pain (4.60) (all p<.05). **CONCLUSIONS:** Patients in Japan with NeP report significantly worse humanistic and economic outcomes compared with those without pain and even other forms of pain. The results suggest improved management of NeP may have substantial health outcome benefits.

## RESEARCH POSTER PRESENTATIONS - SESSION 1

### HEALTH CARE USE & POLICY STUDIES

#### HEALTH CARE USE & POLICY STUDIES – Diagnosis Related Group

## PHP1

### A QUALITATIVE EXPLORATION OF MALAYSIAN CANCER PATIENTS' PERCEPTIONS TOWARDS CANCER SCREENING

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**OBJECTIVES:** The incidence of cancer is on rise in Malaysia. Despite the existence of different screening methods the response to screening is poor. The current study aims to examine cancer patients' perceptions towards cancer screening and early diagnosis. **METHODS:** A qualitative methodology was used to collect in-depth information from consented cancer patients, recruited from February to July 2010. After obtaining institutional ethical approval, patients with different types and stages of cancer from the three major ethnic groups (Malay, Chinese and Indian) were approached. Twenty semi-structured interviews were conducted. All interviews were audio taped, transcribed verbatim and translated into English for thematic content analysis. **RESULTS:** Thematic content analysis yielded four major themes: Awareness on cancer screening, perceived benefits of cancer screening, perceived barriers to cancer screening and cues to action. Majority of the respondents had never heard of cancer screening before the diagnosis. Some accounted of heeding mammogram and pap-smear tests but did not undergo screening due to a lack of personal susceptibility. Those who have had negative results of screening prior to diagnosis perceived such tests as untrustworthy. Lack of knowledge and financial constraints were reported as barriers to cancer screening. Finally, numerous suggestions were given to improve screening behaviour among healthy individuals, including role of mass media in disseminating the message 'prevention is better than cure'. **CONCLUSIONS:** Patients' narratives revealed some significant issues that were in line with the health belief model which could explain negative health behaviour. The description of the personal experiences with the cancer could provide many cues to action for those who have never encountered this potentially deadly disease if incorporated into health promotion activities.

## PHP2

### ECONOMIC COST SAVINGS OF TECHNOLOGICAL IMPROVEMENT FOR LOWER-LEVEL HOSPITALS: A PILOT STUDY IN CHINA

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**OBJECTIVES:** Rural patients in China requiring cardiac and vascular interventional treatment typically have to travel to an urban "tier3" hospital for treatment instead of using their local "tier2" hospital due to lack of equipment. To understand the economic drivers of improved patient access in China a pilot study was initiated. **METHODS:** Data were collected on patient numbers, clinical and social groups, insurance type, reimbursement rates, and travel costs as well as distance travelled for a period six months before and after installation of equipment in the tier2 hospital. **RESULTS:** The hospitals chosen were Fengnan Hospital (tier2) and Congren Hospital (tier3) in Tangshan City and were only 13KM apart. Tier3 hospital patients are reimbursed 55%, 65% and 80% for rural patients (43%), urban resident (29%) and urban workers (18%) respectively. 10% of patients are not covered by insurance and pay all costs. Tier2 hospital patients are reimbursed 70%, 75% and 85%. In the tier3 hospital during the 6 months before the equipment was installed, 1700 patients were treated at an average cost to the patient of 2905 CNY. In tier 2 hospital in the six months following installation, 107 patients were treated at an average cost of 1925 CNY/patient, saving 980 CNY direct cost per patient or 34%. In addition travel costs were reduced by 31 CNY/patient. **CONCLUSIONS:** The variation in reimbursement strategy for tier2 and tier3 hospitals offer the best financial opportunity for improving access to treatment for patients, however further work is needed to compare regional differences and also the effect of patients having to travel greater distances.